

Child Survival Action News

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The Communications Impact: Uses for Child Survival

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In country after country throughout the developing world, communications, marketing, and media are being used with increasing effectiveness to train health workers and to get health messages out to the public.

Radio programs are being produced and used in conjunction with simple printed flyers and face-to-face communication to teach oral rehydration therapy (ORT) use in the home. TV is being used to demonstrate and model correct preparation of the ORT salts. Songs are being produced by local artists and print materials are being created and designed around loving, caring themes to carry important messages about child survival interventions. Similar campaigns are in use for nutrition education and the social marketing of contraceptives.

The reason—as knowledge of communication strategies has grown, as sophistication and effectiveness have increased, health professionals are turning to communications for new ways of reaching mothers. The tools of social marketing (see box below) and behavioral analysis, the use of mass media campaigns, and the careful development of health messages for print, radio, and TV are being combined to promote improved child care behaviors, including oral rehydration, immunization, breastfeeding, and weaning practices.

The power of communication has been amply demonstrated through experience in teaching rural mothers in isolated villages to give their children ORT. The challenges are great: most mothers do not understand dehydration initially. They simply want a remedy for diarrhea. How then do you convince women that ORT works when it does not do what they most want it to? Many countries have sought the answer within the traditional beliefs of their own people. Swaziland uses a simple slogan—reinforced in print

and by health workers—which identifies ORT as a "power food" to keep the child strong during the bout of diarrhea. In Honduras, multiple messages have been developed which describe ORT as a tonic to restore the child's appetite when he has diarrhea, and to include the father as an important helpmate in giving ORT to the child. In a variety of ways, health communication has been an important means of helping women understand the difficult concept of dehydration.

Similarly, communication has been used to address the problem of correct measurement and mixing of ORT—too much water and it becomes diluted, losing effectiveness; too little water and it is potentially dangerous to the sick child. How do rural women measure a liter accurately? The answer is almost as varied as the number of country programs. In Ecuador, planners have created a plastic bag which when filled with water is an exact liter

tens of thousands of rural women as a means to teach that three soft drink bottles make a correct liter volume.

The success of projects employing communication for health is clearly encouraging but there are also limitations and concerns yet to be addressed. ORT products are not always readily available when media raises interest in them. Opinion leaders whom mothers trust can continue to give contrary advice. Messages themselves, if not appropriately tested, can confuse or conflict with traditional beliefs. They may not be practical for women burdened with many needs competing for their time. Many communication efforts have suffered from piecemeal investments; too many programs still represent "one-shot" campaign efforts. *Communication is not mass media alone, it is not self-sufficient, and it is not a quick fix for all problems.*

At the same time, the past several years' experience shows that in

women had tried Litrosol at least once and by 1983, some 62% of the women were using Litrosol to treat diarrhea. When asked about different elements of the communication campaign, 44% of the women had seen and remembered one of the project's colorful posters and 75% had learned and remembered at least one of the radio spots. Researchers looked at health statistics before and after the campaign, and found that the percentage of children dying from diarrheal dehydration dropped from 43% of all infant deaths to 24% during the two-year program.

• In Egypt, knowledge of ORT increased from 2% to 95% of mothers surveyed, and use went from 1% to 75% of mothers in just two years.

• In The Gambia, after two years, 70% of mothers knew the correct method for preparing homemade ORT, and over half of all diarrheal episodes were treated with the solution.

• In Swaziland, in just three months, 60% of children arriving at clinics had already received ORT at home.

Based on these positive results from communication about ORT, a new Communication for Child Survival Project (HEALTHCOM), funded by AID's Office of Health and Office of Education and carried out principally by AED, is expanding its focus to include a variety of child survival technologies. Over the next five years, up to 17 countries will receive assistance in the design and implementation of improved communication for child survival.

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Social marketing techniques have been used very successfully in a number of family planning campaigns. Here, a retail outlet owner in Nepal displays a variety of contraceptives, featuring attractive packaging and other promotional materials. (Photo courtesy Needham Porter Novelli)

measure. The bag is cheap and easy to distribute and it carries important print reminders to mothers on how to prepare ORT solution. In The Gambia, a national Happy Baby Lottery used a colorful flyer as a lottery ticket and distributed it to

countries like Egypt, Honduras, and The Gambia, communication has been fundamental to the health program's overall success:

• In 1981, Honduras launched a new ORT product called Litrosol. Within six months, 37% of the